

Hive Inspection work sheet

Hive ID _____ Date: _____ Who worked hive: _____ Temp _____

HIVE TEMPERAMENT

Calm Nervous Aggressive

SAW QUEEN Yes No

(Marked? Yes No - Color) _____

LAYING PATTERN

Beautiful (Solid & Uniform)

Mediocre (Little spotty)

Poor (Spotty)

EGGS SEEN Yes No

POPULATION

Heavy Moderate Low

QUEEN CELLS Yes No

Alone frame bottom: # _____

Converted worker cell: # _____

DISEASE/PESTS Yes No

Chalkbrood Nosema Varroa Mites

Tracheal Mites EFB AFB

Others: Small Hive Beetle

MEDICATIONS

Added Date _____

Type of Medication _____:

Removed Date _____

INTEGRATED PEST MANAGEMENT

Screened bottom board

Powdered sugar mite drop

Drone cell foundation

Small hive beetle trap

Others:

EARLY SPRING INSPECTION

Cleaned Bottom Board

Spring Feeding/Build-up

Syrup:

Reversed brood box(s)

_____ Deep Med _____ Shallow _____

Dry _____ Wet _____ Patties

Pollen Sub: _____

Sugar Syrup (1/1 ratio): _____

Other:

HONEY FLOW PREPARATION

Added super(s):

Deep _____ Med _____ Shallow _____

Added excluder Re-queened

Added feeder

Split hive (new hive#) Add inner cover

Added pollen trap Fed Hive

HONEY REMOVAL/EXTRACTION

_____ # Supers removed

_____ pounds of honey extracted

_____ pounds comb honey

_____ pounds of pollen

Removed excluder

FOOD STORES

Honey Pollen

High (Everywhere)

Average

Low

Near brood

HIVE CONDITION

Normal Brace comb Excessive propolis

Normal odor Foul odor Equip.

Damage

Replace Equipment